

What is a Pressure Ulcer?

- It is often called a bed sore.
- It forms when muscles and soft tissue in your body are squeezed between one of your bones and an outside surface (like a bed or chair).

Are you at risk? Yes, if:

- You don't move.
- You stay in bed or a chair most of the time.
- You lose bladder or bowel control.
- You do not eat a balanced diet or drink enough fluids.
- You are overweight or underweight.
- You have thin, dry or fragile skin.
- You need help getting from the bed to a chair or the toilet.
- You are confused or restless.
- You take steroids.
- You take medications that make you sleepy.

Where do pressure ulcers begin?

- Heels
- Ankles
- Hip/buttock
- Coccyx (tail bone)
- Back (spine)
- Elbows
- Ears
- Back of head
- Any body part which has pressure applied to it for a prolonged period of time

What else do you need to know?

- Your skin is the body's largest organ
- Urine or stool on the skin can cause your skin to break down quickly
- When a person loses control of their bladder or bowel, it is very important to:
 - ~practice good hygiene
 - ~ keep skin clean and dry
- Dragging yourself across the bed or chair can tear your skin

How can you keep your skin healthy?

- Keep skin clean and dry
- Moisturize dry skin
- Eat a well balanced diet
- Drink plenty of fluids
- Get plenty of rest
- Be as active as possible

What can you do at home and while in the hospital to prevent pressure ulcers?

Inspect your skin daily

- Look for red areas where pressure ulcers often form (coccyx, hip/buttock, heel, ankle, elbows, etc.)

Increase activity

- Change your position often
- If possible, walk and exercise.

If you find it difficult to move, ask the staff for help



Reduce pressure

- Change your position every 1-2 hours in bed, more often in a chair
- Try to find comfortable positions that also avoid putting pressure on red or sore spots
- Use pillows to protect bony parts
- Avoid donut shaped pillows
- Float your heels off your bed or chair surface with a pillow placed under your calves
- Rest with the head of your bed as low as possible to prevent sliding down in bed



Clean and Protect

- Keep your skin clean and dry
- Ask for help to get you from the bed to your chair or toilet
- Tell your caregivers if you are wet or have had an accident so they can help you get clean and dry
- Wear briefs and use protective cream to protect your skin from urine or stool
- Moisturize your dry skin

Nutrition

- Be sure to eat a balanced diet
- Drink enough fluids

Take an Active Part in Your Care!

If you have any questions or problems, ask your doctor or healthcare provider.



While you are in the hospital, your caregivers will help you prevent pressure ulcers by:

- Inspecting your skin everyday for redness or signs that sores may be forming
- Keeping your skin clean and dry
- Moisturizing your dry skin
- Reminding you to move and increase your activity
- Changing your position in bed or chair every 1-2 hours if you are not able to move yourself without help
- Protecting your bony areas with pillows
- Keeping your heels off the bed surface with pillows placed under your calves
- Keeping the head of your bed as low as possible to prevent you from sliding down in bed
- Helping you to get from the bed to the chair or toilet
- Using briefs and protective cream to protect your skin from urine or stool
- Helping you get a well balanced diet and adequate fluids
- Informing your doctor if signs of skin breakdown are noticed

You and Your Family Can Help Prevent Pressure Ulcers



PREVENTING FALLS WHILE A

PATIENT AT IVCH

You may be at risk to fall while you're a patient in the hospital for any of the following reasons:

*Medications such as sleeping pills, pain relievers, blood pressure pills or diuretics (water pills) can make you dizzy, lightheaded or confused.

*Your illness, surgery or tests may leave you feeling weak and unsteady.

*The hospital environment is an unfamiliar one.

Help us keep you safe! Follow the fall prevention guidelines in this brochure.



Environment

■ **Call Light:** For your own safety, please call for help before getting out of the bed or chair. Use your call light and wait for help to arrive.

■ **Awareness of Room:** Please look around the room and bathroom to become aware of your surroundings. When you are in a new place, it can be hard to remember how the room is arranged.

■ **Room Furniture:** The furniture is on wheels and can move. Do not hold on to furniture for support.

■ **Alarms:** If an alarm sounds when you try to get up from the bed or chair, it means you shouldn't get up alone. Wait for staff to help you up.

■ **Bathroom:** Most hospital falls occur when people need to go to the bathroom. **Please press your call light for help.** When you're done in the bathroom, pull the call light string in the bathroom for help to get back to bed or the chair.

■ **Side Rails:** The upper side rails can be used for support when getting out of bed. Don't climb over or between side rails.

■ **Belongings:** Let staff know what you like to keep close by. Use the bedside stand to keep needed items within reach. Don't bend over to pick up dropped items—press the call light for help.

■ **Lighting:** Turn on the light at night before getting up. A low light can be left on in your room or bathroom if you like.

■ **Vision:** Be sure to wear your glasses and turn on the lights.

■ **Spills:** Report any spills to nursing staff, so the floor can be cleaned up.



WALKING

■ **Footwear:** Wear non-skid slippers or walking shoes. If you don't have any, ask your nurse or CNA for hospital socks.

■ **Walking Aids:** If you use a cane, walker, or crutches at home, use them here as well. Let the staff know what you need if you didn't bring your own.

■ **Walking:** Walk slowly and carefully. Pay special attention to oxygen tubing, IV tubing, pump cords, etc.

■ **Activity:** Ask your nurse what level of activity your doctor has ordered for you—he or she may want you to remain on bedrest or only get up with staff assistance.

■ **Sit Before Standing:** When getting up from a lying down position, sit for a few moments before attempting to stand—that gives your body time to adjust to changes in position. Your blood pressure may drop if you get up too fast.

■ **Exercise in Bed:** Pump your ankles back and forth before trying to sit up and get out of bed.



CALL...DON'T FALL

Things you can do to help prevent falls:



- Use call light/ask for assistance/wait for help to arrive
- Wear non-skid socks, slippers or walking shoes
- Wear your glasses
- Use your cane, walker or crutches
- Sit before standing, and always rise slowly



SPECIAL FAMILY NOTE:

You can help us keep your loved one safe by doing the following:

Reinforce the guidelines in this brochure with your loved one.

Before you leave, make sure needed items are within reach.

Let the nurse know if your loved one seems confused, weak, etc.

Notify the nurse before you leave.

Our Fall Prevention Program includes the use of various procedures and types of equipment to keep patients from getting up unassisted and to prevent injury if they do. Ask the nurse about additional fall-prevention assistance if you feel your loved one is at high risk to fall.

Consider staying with your loved one. Family members can take turns—let the nurse know your plans.



Illinois Valley Community Hospital

925 West Street

Peru, IL 61354

1-815-223-3300 www.ivch.org

Call ... Don't Fall

A Guide For
Patients and
Families



Illinois Valley
Community Hospital

HYGIENIC INSTITUTE COMMUNITY HEALTH CENTER

IMMUNIZATION CLINIC INFORMATION

LOCATION: Hygienic Institute Community Health Center
2970 Chartres Street
LaSalle IL 61301

PHONE: 815-223-0196

FAX: 815-223-0358

FOR: Any child from anywhere

CLINIC SCHEDULES:

WALK-IN CLINICS:

Wednesday 3:00pm-6:00pm
Thursday 1:30pm-4:00pm

FEE: \$10.00 PER IMMUNIZATION IS REQUESTED. (Fee is subjected to change without notice.)
Medicaid and Illinois Health Connect accepted. No one will be denied immunizations based upon inability to pay.

IMPORTANT INFORMATION:

Please bring child's immunization record to every clinic. A physician's order is required to begin immunization or to continue immunizations for children without an existing immunization record. A parent or legal guardian must accompany all children. In the absence of a parent or legal guardian, children must be accompanied by an adult 18 years of age or older; must present a signed consent for immunizations from the parent or legal guardian; and must be knowledgeable regarding the child's health history.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▲	Age ▶	Birth
Hepatitis B ¹		HepB
Rotavirus ²		
Diphtheria, Tetanus, Pertussis ³		
Haemophilus influenzae type b ⁴		
Pneumococcal ⁵		
Inactivated Poliovirus		
Influenza ⁶		
Mearles, Mumps, Rubella ⁷		
Varicella ⁸		
Hepatitis A ⁹		
Meningococcal ¹⁰		

immunization Practices statement for detailed recommendations, including the series. Providers should consult the relevant Advisory Committee on high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see MMWR 2000;49[No. RR-9]), including a cochlear implant

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged

- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months

- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 8 years with one exception: children aged 6 to 7 years may receive 1 dose.

...were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months) • Administer the second dose at age 4 through 6 years. However, the second

close may be administered before age 4, provided at least 28 days have elapsed since the first dose.

• Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have

- For children aged 12 months through 12 years the minimum interval

between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

- Administer to all children aged 1 year (i.e., aged 12 through 23 months).
- Administer 2 doses at least 6 months apart.

- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.

- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

0. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine (MCV) and for meningococcal polysaccharide vaccine (MPSV))

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MW/R* 2005;54(Nb, Bb, Z).

- Persons who received MPV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)
At birth:
 - Administer monovalent HepB to all newborns before hospital discharge.

- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.

- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a

(combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.

- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the

HepB series, at age 9 through 18 months (generally at the next well-child visit).
4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

• Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged

- Administer the final dose in the series by age 8 months (1) days.

- If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

- The fourth dose may be administered as early as age 12 months, provided (Minimum age: 6 weeks)

- Administer the final dose in the series at age 4 through 6 years.

Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- **Tri-Hi-Bit® (DTaP/Hib)** should not be used for doses at ages 2, 4, or 6 months.

but can be used as the final dose in children aged 12 months or older.

vaccine (PCV): 2 years for pneumococcal polysaccharide vaccine (PPSV)

the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>). The recommendations were reviewed and approved by the Advisory Committee on Immunization Practices (www.cdc.gov/acip/index.html).

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____
 Address: _____
 Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
☐ Yes, all the time
☒ Yes, most of the time
☐ No, not very often
☐ No, not at all

This would mean: "I have felt happy most of the time" during the past week.
 Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

2. I have looked forward with enjoyment to things

- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

4. I have been anxious or worried for no good reason

- ☐ No, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

*5. I have felt scared or panicky for no very good reason

- ☐ Yes, quite a lot
- ☐ Yes, sometimes
- ☐ No, not much
- ☐ No, not at all

Administered/Reviewed by _____
 Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)
Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)
Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.

2. All the items must be completed.

3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)

4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002. 194-199

TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

TETANUS (lockjaw) causes painful muscle spasms, usually all over the body.

It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

2 Td and Tdap vaccines

Td vaccine has been used for many years. It protects against tetanus and diphtheria.

Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Note: At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of Tdap or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

3 Which vaccine, and when?

Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTP or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.

- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.

- Adolescents who did not get all their scheduled doses of DTP or DTP as children should complete the series using a combination of Td and Tdap.

Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.

- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.

- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed during pregnancy, Td is usually preferred over Tdap.

Protection After a Wound

A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:

- anybody who has already had a dose of Tdap,
- children 7 through 9 years of age, or
- adults 65 and older.

Tdap and Td may be given at the same time as other vaccines.

4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTP, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

5 What are the risks from Tdap and Td vaccines?

Anyone who has had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).

Talk to your provider if the person getting either vaccine:

- has epilepsy or another nervous system problem,
- had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, or Tdap vaccine, or
- has had Guillain Barre Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems
(Noticeable, but did not interfere with activities)

Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Td

- Pain (up to about 8 in 10)
- Redness or swelling (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

Moderate Problems
(interfered with activities, but did not require medical attention)

Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

Td

- Fever over 102°F (rare)

Vaccine Information Statement (Interim)
U.S.C. 42 §300aa-26
Td & Tdap Vaccines (11/18/08)

Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

Severe Problems
(Unable to perform usual activities; required medical attention)

Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filling a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

3 Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

✓ People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

WHO?			Hepatitis B Vaccination Schedule		
			First Dose	Second Dose	Third Dose
Older child, adolescent, or adult	Any time	1 - 2 months after first dose	Within 12 hours of birth	1 - 2 months of age	6 months of age
Infant whose mother is not infected with HBV	Birth - 2 months of age	1 - 4 months of age (at least 1 month after first dose)			6 - 18 months of age
		4 - 6 months after first dose			

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose, and at least 4 months after the first.
- The third dose should *not* be given to infants under 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.

1 Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

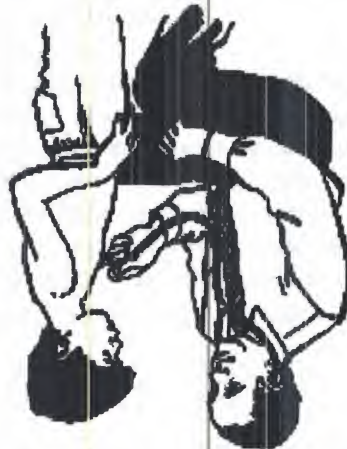
About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it.

Hepatitis B

7/11/2001

4. Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.



People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease. Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)
- severe problems
 - serious allergic reaction (very rare)

6. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic

reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit <http://www.hrsa.gov/bhpr/vicp>

8. How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 or 1-888-443-7232 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

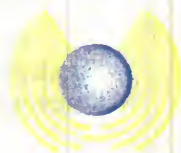


U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement

Hepatitis B (7/11/01)

42 U.S.C. § 300aa-26



Tips for Parents:

Protecting Your Baby Against Flu

- Avoid exposing baby to formula and items that can spread germs. When your baby gets formula, it's harder for your milk to protect your baby's health. This makes your baby more likely to get sick, and for sicknesses to be much more serious. Baby bottles and pacifiers are extremely hard to keep clean; they pick up all kinds of germs from hands, bags, and furniture.
 - Get Help. Ask an International Board Certified Lactation Consultant (IBCLC) any questions or concerns you have about breastfeeding.
 - Before your baby is born, take a breastfeeding class.
 - When your baby is born, ask for help if you have pain or other any problems getting started breastfeeding, and ask about getting help from a lactation consultant after you go home.
 - When you go home, ask your family and friends for help so you and your baby can get lots of practice as you learn how to breastfeed.
 - Talk to your pediatrician about breastfeeding.
- ## Keep Baby Close!
- As soon as your baby is born, snuggle with your baby skin-to-skin. Keep baby close after you go home, too. Make sure family and friends know this snuggling time with mom is a prescription for keeping baby healthy.
 - Immediate skin-to-skin contact with mom makes your new baby's immune system stronger and helps stabilize your baby's heartbeat and breathing. Welcoming your baby this way also lets your baby latch onto your breast for the first time just right, all by himself. This makes breastfeeding much easier later on.
 - Close contact with mom is important throughout infancy. Babies' immune systems and brains grow better when they are held by their mothers.

continued

Influenza (flu) can be very serious, especially in young babies. Luckily, there are many things mothers and other family members can do to help keep babies from getting sick, and to help babies recover more quickly if they do get sick.

Get Vaccinated!

Everyone who helps take care of your baby needs to be vaccinated against influenza. Make sure everyone gets the seasonal flu vaccine now and the H1N1 vaccine as soon as it is available.

- Pregnant women should be vaccinated as soon as possible, no matter what trimester of pregnancy they are in.
- Pregnant women and caregivers of infants less than 6 months old are priority groups for influenza vaccination, so they should be able to get these vaccines even if they are hard to find.
- Millions of pregnant and breastfeeding women have safely used seasonal influenza vaccines for many decades. Although the H1N1 vaccine is new, it was developed using the same process and is also expected to be safe.
- Recent studies have shown:
 - Babies are better protected from influenza when they are born when their mothers were vaccinated during pregnancy.

Breastfeed!

Your milk is custom-made to protect your baby from infection and to fight germs that are around you, even if they are brand new germs, like the new H1N1 influenza virus.

- Breastfeeding is critically important during the first 6 months, when babies are too young to get the flu vaccine, because it is the only way to improve babies' ability to fight flu infection. As babies get older and explore their world, they are exposed to many more germs. This is why breastfeeding continues to be an important way to protect babies' health even after they are vaccinated.

- Being close helps you breastfeed as often as baby needs. This protects your baby against feeding supplements that make it harder for your baby to fight infection.
- Hold your baby in your arms, a sling, or other carrier, especially when you're out and about. Keeping your baby close protects against exposure to germs and other people who may be sick, especially if you and your baby are around other children.

Ask Visitors to Wait

Ask family and friends to help you keep your baby healthy by staying away while they have a cough, fever, or other flu symptoms.

Get Rid of Germs

- Use a tissue – When you cough or sneeze, cover your nose and mouth with a tissue and throw the tissue in the trash after using it.
- In a pinch, an elbow will do – If you don't have a tissue, cough or sneeze into the crook of your elbow – avoid coughing or sneezing into your bare hands.
- Wash your hands often with soap and warm water or alcohol-based hand rubs.
- Avoid touching your eyes, nose, and mouth. Wash your hands after you do.
- Avoid giving baby things that cannot be properly cleaned and can easily spread germs.
- Wash your baby's hands with mild soap and warm water after being exposed to germs.

What To Do If...

YOUR BABY Becomes Ill with Flu

- Keep breastfeeding! Your baby needs the infection-fighting antibodies in your milk now more than ever!
- Sick babies need to breastfeed even more often. Keep baby close and feed any time your baby gives you a feeding cue.
- Even if your baby has diarrhea or is vomiting, human milk is more easily and quickly absorbed than infant formula or electrolyte solutions.
- Always call your baby's doctor if your baby becomes ill.

SOMEONE IN YOUR FAMILY Becomes Ill with Flu

- Call your doctor if you have been exposed to someone with flu symptoms (fever, cough, sore throat, body aches, headaches, chills and fatigue, diarrhea, or vomiting).

YOU Become Ill with Flu

- Get lots of rest and drink lots of fluids
- Ask a friend or family member who is not ill to help you take care of your baby so you can get better faster.
- If you are breastfeeding – keep breastfeeding. Flu is spread in the droplets that come from coughs and sneezes, not through breast milk. In fact, the antibodies your body makes to help you fight the flu are also in your milk, so breastfeeding can help keep your baby from getting sick!
- Wash your hands with soap and warm water before holding your baby and breastfeeding; wear a surgical mask while you are breastfeeding.
- Contact a lactation consultant for help if you are too sick to breastfeed.
- If you are not breastfeeding – ask a friend or family member to feed your baby.

International Board Certified Lactation Consultants (IBCLCs) are health professionals with special knowledge and experience helping breastfeeding families. They can help you know how breastfeeding is going, answer your questions, and help you find solutions. To reach an IBCLC in your area, contact:

Or visit the "Find a Lactation Consultant Directory" at the website of the International Lactation Consultant Association: www.ilca.org



Early Intervention
CHILD & FAMILY CONNECTIONS
Serving Boone, Bureau, Marshall, Ogle, Putnam and Winnebago Counties

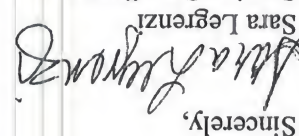
Dear Parents,

Congratulations on the birth of your new baby! Parenting will be one of the most rewarding and exciting experiences you will ever encounter. Parents are their child's first and most important teacher.

The **Ages and Stages Questionnaire (ASQ)** is a free tool to help you check your child's development from birth to age five. This is a great screening tool to use whether you just want to follow your child's development or if you may have some concerns in how your child is growing and learning. If you would like a questionnaire mailed out according to your child's age or you would like to schedule an appointment for a screening in person, and you live in Bureau, Marshall or Putnam counties please complete the bottom portion and return to:

Child & Family Connections
526 Bureau Valley Parkway, Suite E
Princeton, IL 61356
Attn: Sara Legrenzi

If you would like to talk to me first before requesting the ASQ being sent to you, feel free to call me at 815-879-0073.

Sincerely,

Sara Legrenzi
Service Coordinator
Child and Family Connections

Please cut this portion off and return to the address listed above or fax it to 815-875-2722.

Yes, we would like to receive the free ASQ growth and developmental screening according to my child's age.

Parents Name: _____

Baby's Name _____

Address: _____

Baby's Date of Birth: _____

Phone: _____

Was your baby premature? _____

If so, how many weeks premature? _____

526 Bureau Valley Parkway, Suite E, Princeton, Illinois 61356
Phone 815/879-0073 Fax 815/875-2722

Influenza Vaccine

What You Need to Know

1 Why get vaccinated?

Influenza ("flu") is a contagious disease. It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting the vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated (killed) vaccine**, the "flu shot," is given by injection with a needle.

2. **Live, attenuated (weakened) influenza vaccine** is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A "high-dose" inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

3

Who should get inactivated influenza vaccine and when?

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

WHO

All people 6 months of age and older should get flu vaccine.

Vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

4

Some people should not get inactivated influenza vaccine or should wait.

• Tell your doctor if you have any severe (life-

threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.



Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis. Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

2012 - 2013

5 What are the risks from inactivated influenza vaccine?

• Tell your doctor if you ever had Guillain-Barre Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

• People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barre Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccine/safety/Vaccine_Monitoring/Index.html and

6 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 1-800-232-4636 (1-800-CDC-INFO) or
- Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)

Influenza Vaccine (Inactivated)

7/2/2012

42 U.S.C. § 300aa-26

www.cdc.gov/vaccine/safety/Activities/Activities_Index.html

One brand of inactivated flu vaccine, called *Fluvax*, should not be given to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.



Caring Professionals

ALL PATIENTS HAVE THE RIGHT TO PAIN RELIEF

A Patient's Guide To Pain Control

What is Pain?

Pain is an uncomfortable feeling that tells you something may be wrong in your body. Pain is your body's way of sending a warning to your brain. Be sure to tell your doctors and nurses when you have pain.

Pain control can help you:

- Enjoy greater comfort while you heal.
- Get well faster. With less pain, you can start walking, do breathing exercises, and get your strength back more quickly. You may even leave the hospital sooner.
- Avoid problems. People whose pain is well-controlled seem to do better after surgery. They may avoid some problems (such as pneumonia and blood clots) that affect others.

Both drug and non-drug treatments can help to prevent and control pain. You and your doctors and nurses will decide which ones are right for you. Many people combine two or more methods to get greater relief.

Drug treatments: Pain medicine can be in the form of a pill, shot, suppository or through a small tube in your vein (IV) or a small tube in your back (called an epidural).

Non-drug treatments: There are things you can do to help control your pain. It is helpful to know what your treatment plan will be while you are in the hospital. By doing deep breathing and relaxing exercises you can feel more in control. Massage, hot or cold packs, relaxation, listening to music or doing other pastimes, positive thinking, or nerve stimulation (transcutaneous electrical nerve stimulation - TENS) may also be helpful.

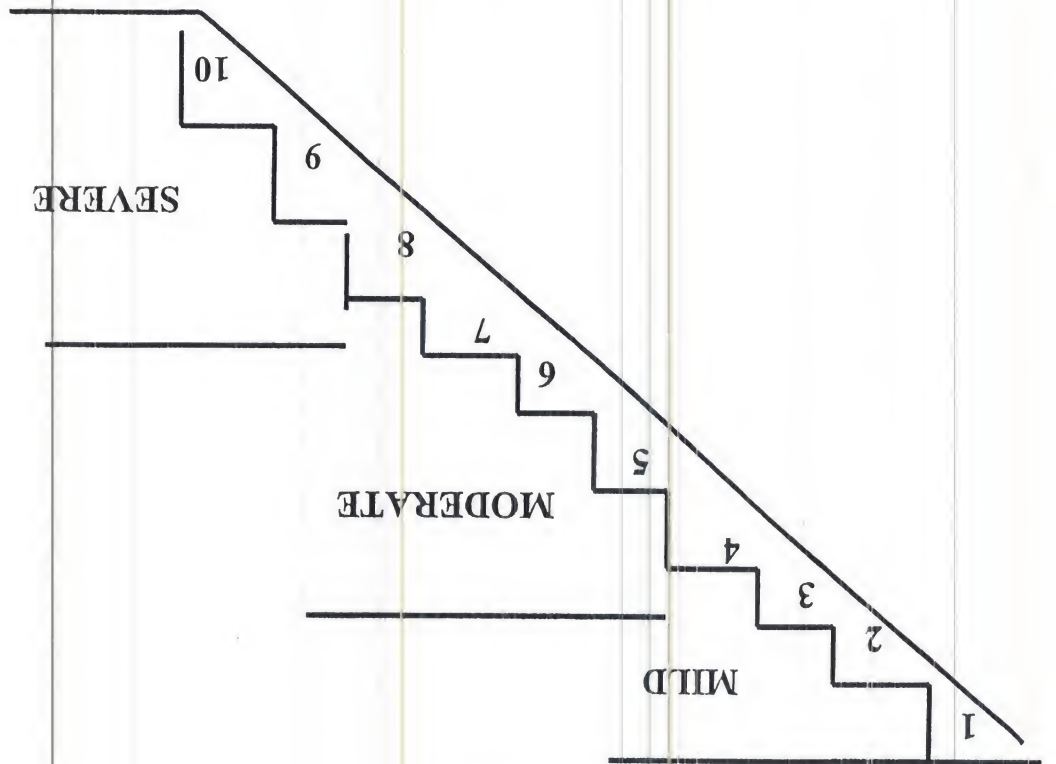
What can you do to help keep your pain under control?

1. Ask the doctor or nurse what to expect. Being prepared helps put you in control. You may want to write down your questions before you meet with your doctor or nurse.
2. Discuss pain control options with your doctors and nurses. You may want to work with your doctors and nurses to make a pain control plan.
3. Talk about the schedule for pain medicines in the hospital. Pain pills or shots can be given at set times. Instead of waiting until the pain is severe, you receive medicine at set times during the day to keep the pain under control. Discuss this with your doctor or nurses so you know if you need to ask for the pain medicine or if it will be brought at set times.
4. Take (or ask for) pain relief drugs when pain first begins.
Patient controlled analgesia (PCA) may be an option. With PCA, you can control when you get pain medicine. When you begin to feel pain, you press a button to inject the medicine through the intravenous (IV) tube in your vein.

This is a key step in proper pain control.

5. Help the doctors and nurses "measure" your pain. They may ask you to rate your pain. On a scale of 0 to 10 a score of "0" would mean no pain. A score of "10" would mean the worst pain. Reporting your pain as a number helps the doctors and nurses know how well your treatment is working. They can then decide whether to make any changes in how your pain is being treated.
6. Tell the doctor or nurse about any pain that won't go away. We want you to achieve a comfort level that is right for you. Your doctors and nurses want to make your hospital stay as pain free as they can. The amount or type of pain you feel may be the same as others feel-even those who have the same problem. You are the key to getting the best pain relief because pain is personal. Your doctors and nurses need you to tell them if your pain is not being controlled.

On a Scale of 1-10 with #1 being the least discomfort, and #10 the worst.
 Circle the number that matches your level of discomfort.



Choose the word or words that describe your discomfort:

tender	stabbing	squeezing
crushing	sore	aching
throbbing	tingling	burning
cramping	dull	knife-like
pinching	sharp	tearing
intermittant	constant	-

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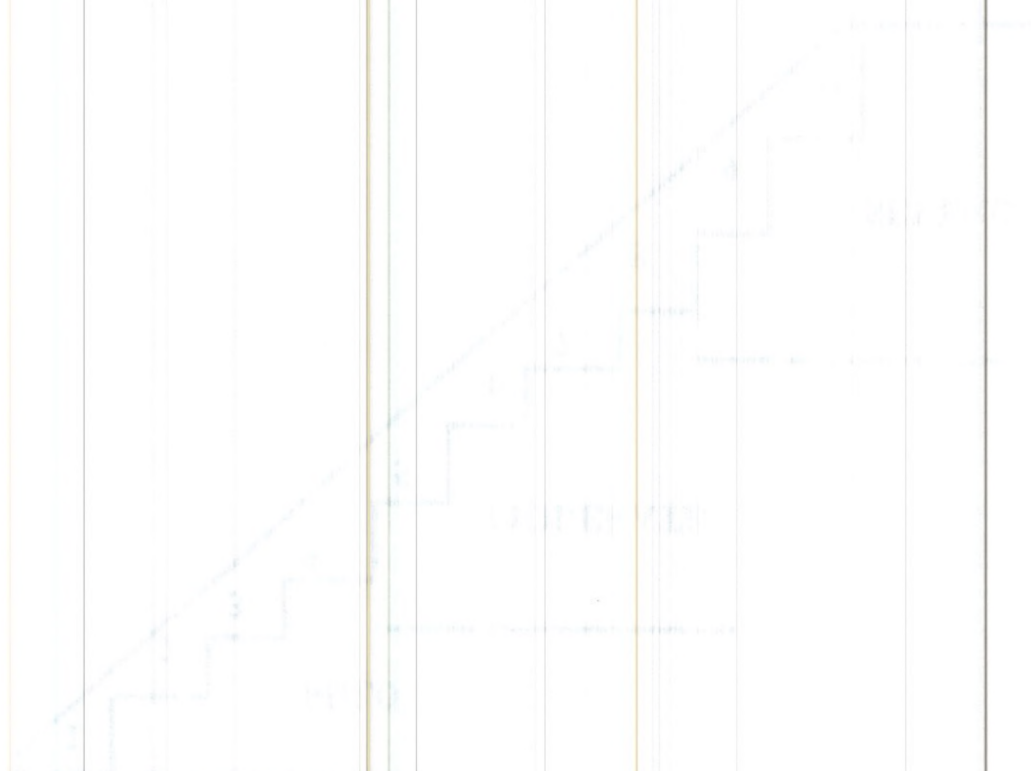
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MEDICINE FOR HOME

Your doctor may order medicine for you to take at home. There are a few things you can do before you go home from the hospital to make things easier:

- Tell your doctor about the medicine (self prescribed or prescribed by your doctor) you were taking when you came to the hospital.
- Have available the name and telephone number of your pharmacy.
- Check if your pharmacy offers home delivery services.
- Call your pharmacy to check on availability of the medicines you will be taking when you get home.
- You may need to purchase some of your medicines at the hospital outpatient pharmacy until your regular pharmacy can obtain your medicine.
- Plan how you will pay for your medicine.
- Tell your doctor if you are unable to obtain the medicine needed for going home.

FOLLOW-UP APPOINTMENTS

- Write down the name and office telephone numbers of the doctors with whom you need to schedule appointments after you go home.
- Know the reason for each appointment and what information you will need to bring with you.
- Schedule an appointment to see your primary care physician after you go home.
- Communicate your discharge instructions to your primary care physician and obtain referrals as necessary.
- Know what other types of care you will need, such as physical or occupational therapy, or cardiac rehabilitation. Find out whether you need to call for an appointment or whether the appointment has already been scheduled for you.

HOME HEALTH SERVICES

Your doctor may order a nurse or therapist to visit you at home and/or medical equipment such as oxygen and wheelchairs.

Choosing a home healthcare company

- Ask your doctor, family or friends for home healthcare company recommendations. Let your nurse know if you need help in choosing a home healthcare company.
- Check your insurance company's preferred provider list for home healthcare companies.
- Contact the home healthcare company to determine if they can provide the service your doctor ordered and can send a nurse or therapist to your home when you are discharged.

(continued)

Preparing for home healthcare services before you leave the hospital

- Give the home healthcare company your telephone number and the address where you will be staying after you leave the hospital.
- Know what home nursing services and/or medical equipment your doctor ordered.
- Know when the first home nursing visit is scheduled to begin.
- Confirm the time of delivery and delivery address of medical equipment (your hospital room or your home).
- Confirm your portable oxygen tank is full before you leave the hospital if applicable.
- Make sure your take-home supplies will last until the first home nursing visit.
- Obtain the name, telephone number and name of a contact person at the home nursing company.

When you arrive home

- Call the home healthcare agency to let them know you have arrived at your home.

TAKING CARE OF YOURSELF WHEN YOU GET HOME

You may need help caring for yourself when you go home from the hospital, particularly with bathing, cooking, cleaning, laundry, grocery shopping and traveling back and forth to the doctor's office. Typically, you may be weaker than usual and tire more easily when you first come home from the hospital. Family and friends can usually help care for you after you go home from the hospital. Organize a schedule of helpers with your friends and family.

Home Environment

- Plan to enter your home without climbing steps. If you need to climb steps to enter your home, determine if a neighbor, friend or family member will be routinely available to provide assistance to you.
- Plan to make your bedroom on a floor with a bathroom if possible.
- Use night-lights in strategic areas to prevent falls at night.
- Place the telephone and emergency telephone numbers near you.
- Keep hallways, stairways and pathways clear of clutter.
- Wear snugly-fitting, non-slip, low heeled shoes or slippers.

Everyday activities

- Clarify bathing instructions with your doctor (sponge bath, shower, tub bath).
- Clarify activity instructions with your doctor (cooking, cleaning, driving).
- Ask your doctor if there are specific foods you should eat or avoid eating.
- Schedule bathing, grooming and dressing activities when friends or family are present in your home.
- Schedule quiet time for yourself.

ARRIVING HOME

Coming home is a day full of activity and joy. You and your family have been preparing for this day. Reacquaint yourself with your home environment by reviewing the helpful hints mentioned above and your discharge instructions. Enjoy your homcoming.

Preventing Infections



You Are Part of the Healthcare Team What You Can Do

Infections can occur after many types of procedures. There are several things you can do to help protect yourself.

- Wash your hands often and well after using the bathroom, touching something that is soiled, or assisting in any patient care activity.
- Use the waterless hand sanitizer located on the wall outside your room.
 - Wash with soap and water for at least 15 seconds.
- Please do not hesitate to remind doctors, nurses, and other staff to wash their hands.

- If you have a **dressing on a wound**, tell your nurse if it is loose or wet.
- If you have an IV (**intravenous catheter**), keep the dressing clean and dry. Tell your nurse if it is loose, wet, red, or painful.
- If you have a **urinary catheter or drainage tube**, tell your nurse if it is loose or comes out.
- To prevent pneumonia, carefully follow instructions about breathing treatments.
- Smoking can lead to infections. If you smoke and need help to stop, please let your nurse know. This is a non-smoking hospital.
- If you have diabetes, be sure to ask your doctor about the best ways to control your blood sugar. High blood sugar can increase risk of infection.

Following these instructions will help you recover and protect everyone.

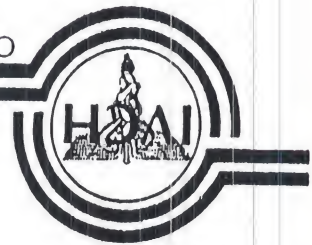
Adapted from the National Patient Safety Foundation

ILLINOIS VALLEY COMMUNITY HOSPITAL

We welcome you to join us at our Community Outreach Programs.

- **Free Tai Chi Classes** are offered every Tuesday and Thursday from 9:00 – 10:00 a.m. Held in the Peru Mall Community Room.
- **Free BP and Glucose Screening** is offered the first Tuesday of each month from 8:00 - 8:45 a.m. Held in the Peru Mall Community Room.
- **Free BP and Glucose Screening** is offered the second Tuesday of each month from 8:00 – 10:30 a.m. Held at the Peru YMCA.
- **Free BP Screening** is offered the third Tuesday from 4:30 – 5:30 p.m., for the "After Work Crowd." Held at the Peru YMCA.
- **Hemoglobin A1C (HbA1C) Screening** is offered every month on the second Tuesday of each month from 8:00 – 10:30 am. Held at the Peru YMCA. This screening indicates average daily blood sugar levels during the previous three months. The cost is \$20 and registration is required.
- **Lipid Profile Screenings** are usually offered the second Thursday & Saturday of each month except April and October at the Peru YMCA. A 10-12-hour fast is required. Appointments begin at 7:30 a.m. The cost is \$20 and registration is required.
- **Healthy Heart Screening** is held in April and October in IVCH Conference Room A. The cardiac risk assessment-screening program includes a complete Lipid Profile, BP, Glucose, Weight with BMI and Individualized Counseling. Appointments begin at 7:00 a.m. A 10-12-hour fast is required. The cost is \$30 and registration is required.
- **Prostate Cancer Screening** is held in September at IVCH. The screening includes a digital rectal exam & PSA blood test. Results will be forwarded to the physician indicated. The cost is \$25 & registration is required by calling 815-780-3337.
- **Smoking Cessation** "Freedom from Smoking," is an eight-session American Lung Association Program offered Feb – March; June – July; & Oct - Nov at the IVCH CPRA, adjacent to the Peru YMCA. Discussion topics include Wanting/Preparing to Quit, On the Road to Freedom, Quit Day, Winning Strategies, The New You, Staying Off & Celebration. The cost is \$30 and registration is required.
- **Babysitting Clinics** The clinics are offered in the summer for young people 11-14 years of age. The cost is \$25 and registration is required.
- **American Heart Association CPR and First Aid** classes are available for your Employees/Business. Call Community Outreach at 815-780-4618 for details.
- **Public CPR Class** is offered the third Tuesday of each month at 1:00 p.m. & 6:00 p.m., alternating months. It is held at the IVCH CPRA, adjacent to the Peru YMCA. The cost is \$30 and registration is required.

To Register Call 815-780-3337 or visit us at www.ivch.org



Caring Professionals

Diabetes Self Management Education

Do you or a family member have Diabetes?

21 million Americans have diabetes and another 41 million are at risk for developing diabetes. Illinois Valley Community Hospital offers a wide variety of services to assist you with your diabetes management.

While you are in the hospital:

If you have questions or would like to inquire about our outpatient services, please call our Certified Diabetes Educator at extension 3326 or ask one of the nursing staff to relay your request.

After you are discharged:

If you would like to receive personalized assistance with your management plan, you can make an appointment to see our educator in an office setting. You will need to ask your doctor for an order.

IVCH also offers Community Diabetes Classes 10 times each year, alternating afternoon and evening classes. Each set of classes consists of 4 sessions, including a nutrition tour conducted at the Peru HyVee. Please call 815-780-3337 to register for one of our free classes.

If you are interested in using an insulin pump, you should know that IVCH is a certified insulin pump training center. We can assist you with everything related to pump therapy.

IVCH offers Continuous Glucose Monitoring, a diagnostic procedure that will assist you and your doctor in making changes to your treatment plan. Please ask your doctor for an order.

IVCH also hosts an Insulin Pumper Support Group which meets quarterly and is open to anyone who uses a pump or is interested in pump therapy, as well as their families. Call 815-780-3326 for more information.

Deborah Redd RN CDE

DISCHARGE PLANNING

There are many tasks which require completion prior to your discharge from the hospital with your new baby. The staff at IVCH wants to help prepare you for discharge and facilitate your transition to home. Below we have listed the procedures which must be completed prior to your leaving the hospital.

- ☐ 1. **Birth Certificate** – Your nurse will show you a worksheet to complete, which provides information necessary for the completion of the official birth certificate. Your physician or nurse midwife must sign the certificate and all the information needs to be filled in. You will receive a decorative birth certificate with your infant's footprints prior to discharge. If you wish to have a copy of the official state birth certificate, allow 6-8 weeks, and then contact the LaSalle Hygienic Institute.
- ☐ 2. **Newborn Hearing Screen** – The State of Illinois mandates newborn hearing screening prior to discharge. We will try to perform the test shortly after your infant's birth when he is in a quiet or sleeping state. The results will be reported to you following the test.
- ☐ 3. **Educational Videos** – Your nurse will provide videos on Breast Feeding, Infant Care, SIDS, and Newborn Hearing Screening. Please take any opportunity during your stay to review the videos.
- ☐ 4. **Bath Demonstration** – If this is your first baby, or if you desire a review of the procedure, your nurse will demonstrate the proper technique for giving an infant a bath. She will also show you how to care for the umbilical cord, circumcision, and how to take your baby's temperature.
- ☐ 5. **Metabolic Screening** – When your baby is 24 hours old, his nurse will perform a heel stick, obtain a small amount of blood, and insure the blood is correctly placed on a specimen card. The card is sent to the state laboratory for analysis. The screening test checks for numerous inherited disorders. You will not receive a report on the test, unless a repeat screen needs to be done, or an abnormality is found.
- ☐ 6. **Infant Photographs** – You will receive a catalog to review. If you desire ordering a package of photos taken by our staff and sent to your home, you may do so. There is also an opportunity for having your infant's photo displayed on our website, with your consent.
- ☐ 7. **Discharge Exams** – You and your infant will be seen by your physician, nurse midwife, or pediatrician the day of discharge and a discharge order will be written. Medical instructions for care and follow-up appointments will be given to you at this exam.
- ☐ 8. **Written Discharge Instructions** – Your nurse will show you an educational folder with a discharge booklet. We would like you to review the information prior to your nurse providing final discharge instructions. Please feel free to ask your nurse about any

aspect of your care or your infant's care. Make notes of any questions /concerns you

may have.

- ☐ 9. Repeat CBC – You can expect to have a repeat CBC (blood count) drawn the day after your baby is born. This blood test is drawn early in the morning (between 5:00 & 6:00), so that your provider will have the results when he or she makes rounds. If there is a significant drop in your blood count you may need an iron supplement or possibly a blood transfusion.

- ☐ 10. Identification of Infant and Removal of Electronic Sensor – The last procedure your nurse will perform is reviewing the infant identification sheet with you, removing one ID band from your infant, and having you sign the form. Immediately prior to discharge the electronic security sensor will be removed.

Thank you for choosing IVCH for the birth of your baby! We hope this helps facilitate a smooth discharge process. Please feel free to contact us with any questions / concerns at 815-780-3444.



HOW TO PERFORM

Breast Self-Examination (BSE)

How should I perform BSE?

Why should I do BSE?

Along with clinical breast exams and mammograms, performing breast self-examination (BSE) is part of the fight against breast cancer. BSE helps you know what is normal for you and helps you detect any changes in the way your breasts look or feel. Immediately contact your healthcare professional if you feel or see any change in your breasts.

When should I do BSE?

The best time to perform BSE is every month a few days after your period ends, when your breasts are not swollen or tender. If you no longer have periods, do BSE on the same day each month. Women who are pregnant or breastfeeding or who have breast implants should still do BSE.

What is the Basic BSE Method?

The Basic BSE Method is a way of examining breast tissue. Use the flat surface of the three middle fingers to make overlapping, dime-size, circular motions on the breast tissue. Apply light, medium, and firm pressure to examine all levels of breast tissue as you follow a pattern, such as the vertical pattern.



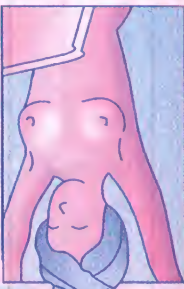
What is the Vertical Pattern?

The Vertical Pattern ensures you use the Basic BSE Method over your underarm area and entire breast. Beginning at the armpit and ending at the middle of the chest bone, move your fingers in an up-and-down pattern from the collarbone to just below your breast.



2. IN THE SHOWER

Start by gently lathering each breast. With one arm raised, examine each breast and underarm area with the opposite hand using the Basic BSE Method and Vertical Pattern.



3. IN THE MIRROR

Look for visible changes in your breasts with 1) arms at your sides, 2) hands pressing on your hips, 3) arms over your head, and 4) hands on your hips while you are bent forward.



Lying down spreads the tissue evenly over the chest wall, and you can feel all of the breast tissue more easily.

Reverse the procedure to examine your right breast. hand. Reverse the procedure to examine your right breast.

Place a pillow or folded towel under your shoulders. Place your left arm under your head. Using the Basic BSE Method and Vertical Pattern, feel your left breast with your right hand.



1. LYING DOWN

What other breast care steps should I take?

Starting at age 20, a woman should have a clinical breast exam every 1-3 years. Beginning at age 40, a woman should have a clinical breast exam and a mammogram every year. Talk to your healthcare professional about clinical breast exam and mammography schedules that fit your specific needs.

The information contained in this tear pad is not intended to replace the advice of a healthcare professional. If you have any questions, please contact your healthcare professional.

CÓMO HACERSE

el auto examen de los senos

¿Por qué debo hacerme el auto examen? *¿Cómo hacerse el auto examen de los senos?*

Junto con las mamografías y los exámenes clínicos de los senos, el auto examen de los senos es parte de la lucha contra el cáncer de seno. El auto examen de los senos le ayuda a saber qué es normal para usted. También le ayuda a detectar cualquier cambio en la apariencia o la sensación de los senos. Póngase en contacto con su profesional de cuidado de salud inmediatamente si usted siente o ve cualquier cambio en los senos.

¿Cuándo debo hacerme el auto examen? El mejor tiempo para realizar el auto examen de los senos es unos cuantos días después de su período, cuando los senos no están hinchados ni sensibles. Si usted ya no tiene períodos, hágase el auto examen en el mismo día de cada mes. Las mujeres embarazadas, madres lactantes y mujeres con implantes de seno todavía deben hacerse el auto examen.

¿Qué es el método básico?

El método básico para el auto examen de los senos es una manera de examinar el tejido del seno. Use las yemas de los tres dedos medios para hacer movimientos sobre el tejido del seno en forma de pequeños círculos solapados. Aplique presión suave, mediana y firme para examinar todos los niveles del tejido del seno mientras sigue un patrón tal como el patrón vertical.



¿Qué es el patrón vertical?



El patrón vertical asegura que usted use el método básico para examinarse los senos sobre la axila y el seno entero. Comenzando en la parte superior del seno y terminado en el medio del esternón, mueva sus dedos en un patrón de arriba hacia abajo desde la clavícula hasta justo debajo del seno.

¿Que otros pasos debo tomar para cuidar los senos?

A partir de los 20 años de edad, las mujeres deben someterse a un examen clínico de los senos cada 1 a 3 años. A partir de los 40 años de edad, las mujeres deben tener un examen clínico y una mamografía cada año. Hable con su profesional de cuidado de salud acerca de un horario para los exámenes clínicos y las mamografías que se adapta a sus necesidades específicas.

La información contenida en esta hoja no tiene el motivo de reemplazar los consejos de un profesional de cuidado de salud. Si usted tiene cualquier pregunta, favor de ponerse en contacto con su profesional de cuidado de salud.

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1. ACOSTÁNDOSE

Coloque una toalla doblada debajo de los hombros. Coloque el brazo izquierdo debajo de la cabeza. Usando el método básico y el patrón vertical, examine el seno izquierdo con la mano derecha. Invierta el procedimiento para examinar el seno derecho. El acostarse extiende el tejido uniformemente sobre la pared del pecho, y es más fácil sentir todo el tejido del seno.

2. EN LA DUCHA

Empiece a enjabonarse los senos suavemente. Con un brazo levantado, examine cada seno y axila con la mano opuesta usando el método básico y el patrón vertical.



3. FRENTE AL ESPEJO

Busque cambios visibles en los senos con 1) los brazos al lado, 2) las manos presionando contra las caderas, 3) los brazos sobre las caderas y 4) las manos sobre las caderas mientras inclina el cuerpo hacia adelante.



¿Que cambios en los senos deben preocuparme?

Informe a su profesional de cuidado de salud inmediatamente si usted nota alguno de los siguientes cambios:

- Un bulto o espesamiento en el seno o la axila
- Irritación del pezón o de la piel del seno
- Arrugamiento u hoyuelo del pezón o de la piel del seno
- Un cambio raro en el tamaño o la forma de un seno
- Dolor o sensibilidad en el seno o pezón que no desaparece
- Enrojecimiento o descamación del pezón o de la piel del seno
- Cualquier secreción rara desde el pezón
- Un pezón que está invertido

Policy: Patient Rights & Responsibilities
Department: Administration

Effective 6/89

Policy:

It is the policy of Illinois Valley Community Hospital to recognize the importance of the rights of patients, including the independence of expression, decision, and action, and concern for personal dignity and human relationships. This includes the rights of neonate, child, and adolescent patients and of their parents and/or guardians.

It is further recognized that the hospital has the right to expect behavior on the part of patients and their relatives and friends which considering the nature of their illness is reasonable and responsible.

PATIENT RIGHTS

Access to Care

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated based on acuity regardless of race, creed, sex, national origin, or sources of payment for care.

Respect and Dignity

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity.

Privacy and Confidentiality

The patient has the right, within the law, to personal and informational privacy, as manifested by the following rights:

o To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in his care.

o To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

o To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.

o To expect that any discussion or consultation involving his case will be conducted discreetly and that individuals not directly involved in his care will not be present without his permission. The patient retains the right to request that students in an observing role not be present.

o To have his medical record read only by individuals directly involved in his treatment or in the monitoring of its quality. Other individuals can only read his medical record on his written authorization or that of his legally authorized representative.

o To expect all communications and other records pertaining to his care, including the source of payment for treatment, to be treated as confidential.

o To request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him.

o To be placed in protective privacy when considered necessary for personal safety.

Personal Values and Beliefs

Consideration is to be given to each patient as an individual with psychosocial, spiritual, and cultural values which may impact their attitude toward and response to the care provided.

Recognition is given to the diversity of individuals. IVCH will attempt to accommodate the patients needs based on culture, race, sex or ethnicity wish in a reasonable limit based on the patients needs and hospital policy.

Personal Safety

The patient has the right to expect reasonable safety insofar as the hospital practices and environment are concerned. The patient has the right to access protective services.

Restraints

Restraint or seclusion use within an organization is limited to those situations with adequate, appropriate clinical justification. (see " Restraint, Use of" Policy). The patient's rights, dignity, and well being will be protected during restraint or seclusion use. The patient needs will be met while restraints or seclusion is in use.

Identity

The patient has the right to know the identity and professional status of individuals providing service to him and to know which physician or other practitioner is primarily responsible for his care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him, as well as the relationship to any other health care or educational institutions involved in his care. Participation by patients in clinical training programs or in the gathering of data for research purposes should be voluntary.

Information

The patient has the right to obtain, from the practitioner responsible for coordinating his care, complete and current information concerning his diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand in order to enable him/her to make treatment decisions that reflect his/her wishes.

The patient is to be informed about the outcomes of care including anticipated outcomes. The patient has the right to know if the hospital has relationships with outside parties that may influence their treatment and care. These relationships may be with educational institutions, other healthcare facilities or providers.

Communication

The patient has the right of access to people outside the hospital by means of visitors and by verbal and written communication. When the patient does not speak or understand the predominant language of the community, he should have access to an interpreter. This is particularly true where language barriers are a continuing problem.

Complaints

The patient has the right to make a complaint about services provided. Complaints should be voiced to your nurse or to the Patient Representative at extension 3592. You have the right to expect a timely reply to your inquiry. If you are not satisfied with the answer, you may inquire further with the Chief Executive Officer's office (extension 3508). If you wish to issue a complaint directly to the State of Illinois, you may call the Illinois Department of Public Health (IDPH) at 1-800-252-4343. You may also complain in writing to: Region V Office of Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Avenue Chicago, IL 60607

Care Decisions

The patient has the right to be involved in their care decisions and may designate family members to be included or excluded from participating in those care decisions.

Consent

The patient has the right to reasonable informed participation in decisions involving his health care. To the degree possible, this should be based on a clear, concise explanation of this condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his

voluntary, competent, and understanding consent or the consent of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

Any neonate, child or adolescent may be treated with the consent of the legal guardian or their designee.

A bona fide emergency situation which imminently threatens the life or health of the patient, may make the above procedure in obtaining consents unfeasible if the life or health of the patient is to be maintained while awaiting such consents. In such cases, while simultaneously attempting to get such consents in consultation with the attending physician, life and health maintenance steps may be initiated. The facts indicating an emergency situation as well as the efforts at obtaining consents shall be duly noted on the medical record.

If parents refuse to give consent to medical and/or surgical treatment for a minor, even when death may ensue without medical attention, they are within their legal rights unless a guardian has been appointed by the court to replace them and to give authorization, or a court of competent jurisdiction has ordered the treatment. The situation shall be promptly reported to the Hospital Administrator or his designate.

A minor of 12 years of age or older, who may have come into contact with any venereal disease or suffers from the use of depressant or stimulant drugs, or narcotic drugs, may give consent to the furnishing of medical care or counseling related to the diagnosis or treatment of such disease. No consent of the parent or legal guardian is required. (Ill. Revised Statute Chapter III S4504).

Consent to the performance of medical or surgical procedures by a licensed physician can be given by a minor pregnant female, a minor married person, and an emancipated minor with legal proof of emancipation. (See Policy: Consents)

The patient shall be informed of any proposals to engage in or perform human experimentation or other research/educational projects affecting his care or treatment; the patient has the right to refuse to participate in any such activity.

Consultation

The patient, at his own request and expense, has the right to consult with a specialist.

ADVANCED DIRECTIVES

The patient has a right to formulate Advanced Directives and to appoint a surrogate to make decisions on his/her behalf to the extent permitted by law. A mechanism is in place to ascertain the existence of, or assist in the development of Advance Directives at the time of admission. IVCH will not discriminate or condition the provision of care based upon whether or not a patient has an Advanced Directive nor require that one be

executed. Formulated Advanced Directives include Living Will, Power of Attorney for Health Care, or Organ Donation directives.

Should a physician decline to follow the intent of a patient due to the physician's personal beliefs, the physician must transfer the patient to a physician selected by the patient or family who will comply.

Refusal of Treatment

The patient may refuse treatment to the extent permitted by law and will be informed of the medical consequences of such refusal. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.

Transfer and Continuity of Care

A patient may not be transferred to another facility or organization unless he has received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility or organization. The patient has the right to be informed by the practitioner responsible for his care, or his delegate, of any continuing health care requirements following discharge from the hospital.

The patient may be transferred to another facility when medically permissible if the hospital cannot meet the request or need for care due to a conflict with mission, philosophy, or inability to meet the patient's needs or requests.

Child and adolescent patients are transferred in a timely manner whenever it becomes apparent that their needs can best be addressed in an alternative setting. The hospital aids the patient and the patient's family and/or guardian by identifying appropriate alternative programs, providing timely information regarding the patient's current needs, and communicating to the child or adolescent patient the reason for the transfer.

Pain Assessment

Each patient has the right to a plan of care to relieve pain and other distressful symptoms appropriately and aggressively.

Pain is experienced in many dimensions; psychosocial, psychospiritual and emotional needs can all affect the patient's threshold for pain.

Hospital Charges

Regardless of the source of a payment for his care, the patient has the right to request and receive an itemized and detailed explanation of the total bill for services rendered in the hospital. The patient has the right to timely notice prior to termination of his eligibility for reimbursement by any third-party payer for the cost of his care.

Hospital Rules and Regulations

The patient should be informed of the hospital rules and regulations applicable to his conduct as a patient. The hospital has a Patient Representative to which patients should direct concerns or complaints. An Ethics Committee has been established and a mechanism is in place to review and resolve ethical issues.

Provision of Information

A patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. He has the responsibility to report unexpected changes in his condition to the responsible practitioner. A patient is responsible for reporting whether he clearly comprehends a contemplated course of action and what is expected of him.

Compliance with Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when he is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

Refusal of Treatment

The patient is responsible for his actions if he refuses treatment or does not follow the practitioner's instructions.

Hospital Charges

The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.

Hospital Rules and Regulations

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

Respect and Consideration

The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectfully of the property of other persons and of the hospital.

It is the responsibility of the CEO to communicate this policy to the patients, relatives, visitors, employees, and members of the medical staff.

Visiting hours are as follows:

Medical Units: 1 p.m. – 8 p.m. daily. Parents of Pediatric patients are welcome to stay at any time.

Surgical Units: 1 p.m. – 8 p.m. daily. Parents of Pediatric patients are welcome to stay at any time.

Intensive Care Unit: Visitation is adjusted according to the patient's degree of illness. Children under 12

years of age may visit at the discretion of the nurse.

Day Surgery: No Restrictions

Surgical Suite: Visitors are restricted to nursing and medical students. Fathers' of Cesarean section babies may be in the room with the approval of the physician and the mother.

Recovery Room:

Visitors are restricted to nursing and medical students.

Obstetrics:

Visitors are not permitted when:

- A. Babies are with their mothers
- B. When mothers are receiving nursing care or instructions

Unrestricted visitation is a privilege for mother's partner, siblings, and grandparents. All others may visit from 2pm to 8pm.

Labor/Delivery Room:

Only the father or person designated by the mother is allowed in the labor or delivery room.

Hospice:

Hospice patients may receive visitors, including small children at anytime of the day or night.

Reference:

Center for Medicare and Medicaid Services. (2010). *Equal visitation rights for all hospital patients*. Retrieved from, <http://www.hhs.gov/news/press/2010pres/11/20101117a.html>

Policy: Visiting Policies
Department: Administration

Effective 1/77

Policy: It is the policy of Illinois Valley Community Hospital to provide access to visitors for patients.

Purpose: To insure appropriate visitation while complying with infection control regulations and not disrupting the delivery of care to the patient.

Procedure:

- Staff will inform incoming patients of his or her right to choose visitors, regardless of whether the visitor is a family member, spouse, domestic partner, or friend. Patients will also be informed of his or her right to withdraw visitation consent at any time.

- Incapacitated patients have the right for a support person to be identified. The support person can make visitation decisions for the incapacitated patient.
- a. The support person is not a legal representative and makes decisions regarding visitors only.
- b. IVCH will only request written proof of a relationship between the visitor and patient when the patient is incapacitated and there is a clear dispute between two or more people over whether a particular person is allowed to visit.

- IVCH will not restrict, limit, or deny visitation privileges based on race, national origin, religion, sex, gender identity, sexual orientation, or disability.

- IVCH may restrict visitation when clinically appropriate. Clinically appropriate restrictions include, but are not limited to:

- a. When the patient is undergoing care interventions
- b. When infection control issues are present
- c. When visitation may interfere with the care of other patients
- d. When IVCH is aware of an existing court order restricting contact with the patient
- e. When the visitor is disruptive, threatening or displaying violent behavior
- f. When the patient is in need of rest and/or privacy
- g. When clinical reasons exist that call for limiting the number of visits during a specified period of time
- h. When it is clinically advisable to impose a minimum age requirement for child visitors.

- At the discretion of the nurse provisions can be made for visitors to remain overnight.
- Visitors are prohibited from bringing food to hospitalized patient without the permission of the nurse or physician.

IVCH ORGANIZED HEALTH CARE ARRANGEMENT

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices has been created for and applies to the Organized Health Care Arrangement known as "IVCH". It describes how the participating entities may use and share your health information for treatment, payment, or operations purposes. These entities are:

- **Illinois Valley Community Hospital**-an acute care hospital (includes swing bed program) located at 925 West St., Peru, Illinois 61354; and The Center for Physical Rehabilitation and Aquatics located at 300 Walnut Drive, Peru, Illinois 61354;
- **Illinois Valley Community Hospital Medical Staff**-the organized members of the Medical and Allied Health Professional Staff at Illinois Valley Community Hospital;
- **Hospital Radiology Services**-group practice for Radiologists who interpret X-rays and scans performed at Illinois Valley Community Hospital. Their business office is located at 8 Route 6 West, Peru, Illinois 61354;
- **Central Illinois Pathology**-business office for the Pathologists who analyze specimens and review laboratory testing performed at Illinois Valley Community Hospital. This office is located at PO Box 9817, Peoria, Illinois 61612;
- **Peru Anesthesia**-billing office for Anesthesia providers, located at 925 West St., Peru, Illinois 61354;
- **Cardinal Sleep Disorders Center of America**-agency that performs sleep studies on patients at Illinois Valley Community Hospital. Their office is located at 2077 W. Jefferson St. Suite 210, Joliet, Illinois 61435;
- **Medical Outsourcing Services, LLC**-agency that provides PET Scan services at Illinois Valley Community Hospital. Their office is located at 1315 Macom Drive Suite 103, Naperville, Illinois 60564;
- **Illinois Valley Hospice**-a hospice agency located at 1305 6th St., Peru, Illinois 61354;
- **Family Pharmacy**-a retail pharmacy located at 920 West St., Peru, Illinois 61354;
- **Family Home Medical Equipment**-a supplier of medical equipment and supplies for home use, located at 1319 4th St., Peru, Illinois 61354;
- **Fast Care** - retail clinic located in Wal-Mart at 5307 Rt. 251, Peru, Illinois 61354;
- **Care Today** - urgent care clinic located at The Center for Physical Rehabilitation and Aquatics located at 300 Walnut Drive, Peru, Illinois 61354;
- **IVCH Medical Group**-Medical office practices for Internal Medicine, located at 710 Peoria St., Peru, Illinois 61354; Obstetrics/Gynecology, located at 920 West St., Peru, Illinois 61354; and Oglesby Medical Clinic, located at 520 W. Walnut St., Oglesby, Illinois 61348, Internal Medicine, located at 2937 N IL Route 178, Utica,

- Illinois Valley Orthopedics, located at 920 West St. Suite 211, Peru, Illinois 61354; Family Medicine Clinic, located at 920 West St. Suite 216, Peru, Illinois 61354; Mark A. Fernandez, M.D., located at 920 West St. Building B, Peru, Illinois 61354; Ricardo J. Calderon, M.D., located at 128 Bucklin St. Suite A, LaSalle, IL 61301; **Hygienic Institute Community Health Clinic**-an Outpatient Health Clinic, located at 2970 Chartres St., LaSalle, Illinois 61301; and
- **Illinois Valley Adult Day Services**-an outpatient day care center for Adults located at 1020 2nd St., LaSalle, Illinois 61301.

IVCH understands that medical information about you and your health is personal. We are committed to protecting your medical information. This notice tells you about your rights and our obligations regarding the use and disclosure of your medical information.

IVCH is required by Law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices; and
- Follow the terms of the notice that is currently in effect.

Understanding your health record/information: Each time you receive services from, or have contact with IVCH in connection with your treatment or with payment issues associated with your treatment, a record is made. This record usually contains your symptoms, treatment and a plan for future care or treatment. The medical record is the property of IVCH, but the information in the medical record belongs to you. This record of your information serves as a:

- Basis for planning your care and treatment;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Source of information for public health officials charged with improving the health of the nation;
- Tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

If you have questions about any part of this notice or if you want more information about the privacy practices, you may contact the IVCH Compliance Officer.

Effective Date of This Notice: September 1, 2011

I. How IVCH may use or disclose your health information

The following categories describe ways that we use and disclose information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information fall within one of these categories.

A. Treatment. We will use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the

coordination or management of your health care with a third party that has already obtained your permission to have access to your health information.

The following are examples of uses and disclosures for treatment purposes under the IVCH Organized Health Care Arrangement:

1. Hospital-specific information collected by staff including name, past medical history, and current symptoms are used to confirm the correct services will be performed to accurately diagnose a patient's condition.

2. Medical Staff and Hygienic Institute-the results of tests and services performed at the hospital are sent to the physician who ordered them so they can plan the appropriate treatment.

3. Hospice-Hospice staff uses the patient's information to create a plan of care which is to be followed by all staff involved in the patient's treatment.

4. Hospital Radiology/Central Illinois Pathology/Peru Anesthesia/Cardinal Sleep Disorder Centers of America/Medical Outsourcing Services, LLC-Patient specific information including name, symptoms, and past medical history are shared with these health care providers to assist in the interpretation of diagnostic testing and/or the safe provision of Anesthesia services to the patient.

5. Family Pharmacy-the doctor or nurse will disclose information including name, date of birth, and medication when calling a prescription into Family Pharmacy staff for a patient.

6. Family Home Medical Equipment (HME)-the social worker from the Hospital, or Hospice discloses information when coordinating/ordering equipment for the patient to use at home.

7. Adult Day Services-the social worker from the Hospital discloses information to the Adult Day Center staff when coordinating services for the patient's post-discharge care.

B. Payment. Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also disclose your information to our collection agency to obtain payment.

The following is an example of how your protected information is used for payment purposes:

All entities-staff provide information about your condition and treatment to your insurance company or their designee to receive payment. One provider, such as the hospital, may share information they collected about your insurance (such as name, contact information, your identification number) with another provider such as your

physician or home health agency to assist them with submitting claims for payment on your behalf.

C. Health Care Operations. We may use or disclose your health information to support the business activities of each covered entity. These activities include but are not limited to quality assessment activities, employee review activities, training of medical and other health care related students, licensing, and conducting or arranging for other business activities.

Examples of uses and disclosures for operations purposes include:

Hospital and Medical Staff-Medical and Nursing students may participate in your care and treatment and would see your health information.

All other entities-your health information may be used to monitor the entity's compliance with state and federal laws and regulations.

D. Information provided to you.

E. Business Associates: There are some services that are provided by IVCH through contracts with other product or service providers, known as IVCH "business associates." Examples of business associates include claims processing administrators or copy services used when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require each business associate to agree in writing to appropriately safeguard your information.

F. Directory. We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. This information, except your religious affiliation, may be provided to other people who ask for you by name. Your religious affiliation may be released to a member of the clergy even if they do not ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

G. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. This includes disclosures of your health information in the event of a disaster to the appropriate legally authorized agency. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

H. Required by law. As required by federal, state, or local law, we may disclose your health information.

I. Public Health. We may disclose your health information for public health activities and purposes related to: preventing and controlling disease; injury or disability; vital

events such as birth, death, or certain types of injury; reporting child or elder abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; reporting disease or infection exposure; and work related illness or injury.

J. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

K. Judicial and administrative proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

L. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as required reporting of certain injuries, if you are, or are suspected to be, the victim of a crime, if we believe a crime occurred on our premises; identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena and other law enforcement purposes.

M. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

N. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

O. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Illinois Valley Community Hospital's Medical Executive Committee.

P. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Q. Specialized government functions. We may disclose health information for the following:

- Military and Veterans-as required by military command authorities, including foreign military personnel;
- National Security and Intelligence-as required to authorized federal officials for intelligence, counter-intelligence, and other rational security activities;
- Protective Services-to federal officials who provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations; and
- Correctional institutions-an institution or its representatives as necessary for the health and safety of the individual and/or others at the institution.

R. Worker's compensation. We may disclose your health information as necessary for worker's compensation and similar programs that provide benefits for work-related injuries or illness.

S. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

T. Fund-raising. We may contact you to participate in fund-raising activities for IVCH.

U. Change of Ownership. In the event that any of the listed entities are sold or merged with another organization, your health information/record will become the property of the new owner.

II. When IVCH May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, IVCH will not use or disclose your health information without your written authorization. If you do authorize IVCH to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

A. You have the right to request restrictions on certain uses and disclosures of your health information, however IVCH is not required to agree to the restriction that you request. To request restrictions, you must submit your request in writing to the IVCH Compliance Officer.

B. You have the right to request that we communicate with you confidentially, by alternative means or at alternative locations, and we will accommodate all reasonable requests. To request confidential communications, you must submit your request in writing to the IVCH Compliance Officer.

C. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or obtain a copy of your records you must submit your request in writing to the Health Information Management department of the hospital, or the office manager of any of the other listed entities. We may charge a fee for the costs of copying, mailing or other services or supplies associated with your request.

D. You have a right to request that IVCH amend your health information that you believe is incorrect or incomplete. IVCH is not required to change your health information and will provide you with information about IVCH's denial and how you can disagree with the denial.

E. You have a right to receive an accounting of disclosures of your health information made by IVCH, except that IVCH does not have to account for the disclosures

described in parts A (treatment), B (payment), C (health care operations), D (information provided to you), E (directory listings) and Q (certain government functions) of section I of this Notice of Privacy Practices.

F. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Compliance Officer
c/o Illinois Valley Community Hospital
925 West St.
Peru, IL 61354
815-780-3591

IV. Changes to this Notice of Privacy Practices

IVCH reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, IVCH is required by law to comply with this Notice.

The most current Notice of Privacy Practices will be available in paper form at the organization as well as on our website: www.ivch.org. You may also obtain a copy by contacting us at the address and phone number listed above.

V. Complaints

You have a right to complain about this Notice of Privacy Practices or how IVCH handles your health information without fear of retaliation. Your complaint should be directed to:

Compliance Officer
c/o Illinois Valley Community Hospital
925 West St.
Peru, IL 61354
815-780-3591

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region V
Office of Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601

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Infant Basic Life Support

A ready reference for emergencies for infants younger than 1 year

WARNING: This card is not intended to replace professional Basic Life Support Training. It is strongly recommended that all parents and anyone responsible for the care of children complete a basic course in Cardiopulmonary Resuscitation (CPR) and treatment for choking.

Emergency medical help phone # _____

Provided as a public service from your health care professional and Similac® Advance® and Similac® Isomil® Infant Formulas.
References: International guidelines 2000 for emergency cardiovascular care and cardiopulmonary resuscitation: Part 9: Pediatric Basic Life Support. *Circulation* 2000; 102 (suppl 1): I253-I290
American Academy of Pediatrics: CPR and choking. In: *Shelov SP (ed): Your Baby's First Year*. New York: Bantam Books, 1998, pp 392-401.
American Heart Association: Module 2, Infants and children. In: *CPR for Family and Friends*. Dallas: American Heart Association, 2000, pp 13-20.

Cardiopulmonary



Figure 1

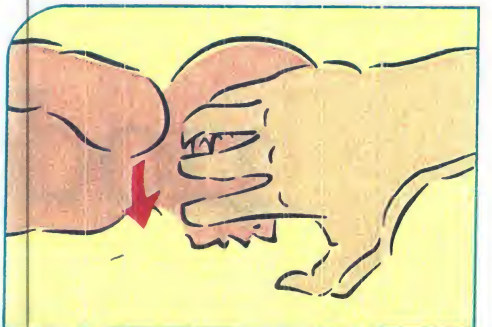


Figure 2

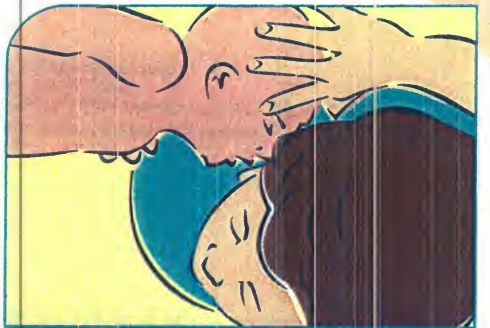


Figure 3

Evaluate the infant's responsiveness:

- Tap the infant's shoulder to see if the infant will respond.
- Call out for HELP or, if available, have someone phone for emergency medical aid (911).
- If you are alone with an unresponsive infant, provide approximately 1 minute of CPR before phoning for emergency help.

If the infant is not responsive:

- Move the infant carefully, supporting head and neck.
- Be careful to avoid bending or twisting if there has been a possible injury to the neck or spine.
- Position the infant on his or her back on a firm, flat surface.

Open the infant's airway:

- If there **is not** a suspected neck or spinal injury, gently tilt the head back with one hand on the forehead while lifting the chin gently up and out with the fingers of the other hand. The infant's nose should be aimed at the ceiling. Do not push the infant's head back too far, as this can block the airway. (Figure 1)
- If there **is** a suspected neck or spinal injury, open the airway with a jaw-thrust movement. Place two or three fingers under each side of the lower jaw at its angle and lift up and out. (Figure 2)
- If you suspect a foreign body is blocking the airway, look into the throat to see if a foreign object or a piece of food is visible. Only if you see something should you try to remove it.

Check for breathing:

- Look to see if the infant's chest is moving. Watch for the chest to rise. Listen for breath sounds. Feel for breath on your cheek. (Figure 3)
- If the infant is not breathing, and does not appear to be choking, give two slow rescue breaths:

- Place your mouth over the infant's nose and mouth, making a tight seal. (Figure 4) If you are unable to cover and seal both the nose and the mouth of the infant, you can cover and seal the infant's nose and hold the infant's mouth closed.

Resuscitation (CPR)



Figure 4

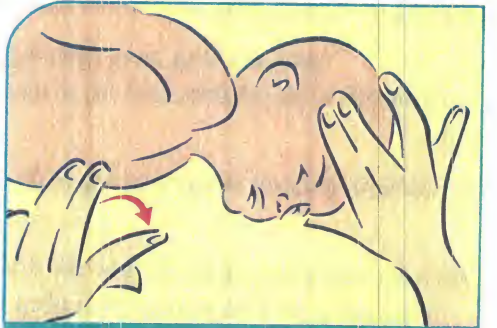


Figure 5

Check for signs of circulation:

- Give two slow rescue breaths (1 to 1½ seconds per breath), pausing to inhale between breaths. Blow in enough air to see the infant's chest rise slightly. Allow the infant's chest to fall between breaths.
- If the chest does not rise and fall, reposition the infant's head and try again.
- If you still do not see the chest rise and fall after several attempts, look for and carefully remove any object you can see blocking the airway.

- Signs of circulation include normal breathing, coughing, and movement in response to the rescue breathing.

• If there are signs of circulation, but normal breathing is absent:

- Provide rescue breathing at a rate of one breath every 3 seconds (20 per minute)

• If there are no signs of circulation, begin chest compressions:

- Place two or three fingers on the breastbone, one finger's width below an imaginary line drawn between the infant's nipples. Press down approximately 1/3 to 1/2 the depth of the chest. (Figure 5)
- Completely release pressure from chest after each compression without lifting fingers from chest.
- Give five compressions (at a rate of 100 per minute), then one rescue breath. To achieve the proper rate, count aloud, "One, two, three, four, five, breathe."

After 20 cycles (approximately 1 minute) of CPR:

- If you are alone, stop and quickly call for emergency medical help (911) then continue CPR.
- If infant is small enough or uninjured, you can carry him/her with you to the phone when you call for help.

• Check for signs of circulation and breathing:

- If circulation and breathing have returned, and there is no concern about injury to the neck, place the infant on his or her side in recovery position and continue to observe.
- If there is no breathing but the signs of circulation have returned, give one rescue breath every 3 seconds and monitor circulation.
- If signs of circulation and breathing are both absent, continue CPR, beginning with chest compressions, and check again for signs of circulation and breathing every few minutes.

Choking

Choking becomes life threatening when the flow of air to the lungs is blocked. When this happens, the infant will have breathing difficulty, absent or ineffective cough, and will not be able to make normal sounds. The infant's face will turn from bright red to blue or may be dusky in color. The way to handle a choking incident depends on the condition and age of the child. Do not use the Heimlich maneuver (abdominal thrusts) for infants. The following first-aid tips are recommended for an infant under 1 year of age.

Coughing but able to breathe and make normal sounds:

- Coughing is a natural mechanism for expelling an object or blockage from the throat.
- If the infant is coughing forcefully or crying, do not interfere with the infant's attempts to clear the object. Let the infant cough.

Conscious infant with complete airway obstruction:

- If the infant cannot breathe and is turning blue (unable to cry or cough effectively), call out for help or have someone phone for emergency medical aid (911).

Be gentle in use of the following steps, as an infant's internal organs are fragile.

- Place the infant face down on your forearm. Support the infant's head and neck with one hand. Firmly hold the jaw. The infant's head should be lower than the rest of the body. (Figure 1)

- Rest your forearm firmly against your thigh for additional support. If the infant is large, you may lay the infant over your lap, with the head lower than the body and firmly supported.
- With the heel of your free hand, give up to five back blows forcefully between the infant's shoulder blades.

- If the infant still cannot breathe, turn him or her over, sandwiched between your hands, onto his or her back, keeping the head lower than the trunk.
- Deliver five rapid chest compressions, using only two or three fingers, on the breastbone in the same position as for CPR, one finger's width below the nipple line.
- If the infant remains conscious, but still unable to breathe, repeat the back blows and chest thrusts until the object is expelled or the infant becomes unconscious.
- Stop thrust as soon as object is dislodged or after five thrusts/blows, then repeat process.

If the infant becomes unconscious:

- Begin CPR (as described on other side).
- Check for foreign bodies in the back of the throat each time the mouth is opened. (Figure 2) Only if you can see an object should you try to remove it. A blind finger-sweep may push objects further in, causing more obstruction.
- If infant remains unconscious after 1 minute of CPR and you are alone, phone for emergency help (911) and continue CPR.



Figure 1



Figure 2